PATENT	APPLICATION	FEE	DETERMINATION	RECORD
	71 1 EIO711011			ILCOID

Effective October 1, 2000

Application or Docket Number

09916677

(Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			/7	,	Part of	Min 2)	,			OR 1 1	SMALL	
		//		i de sign	Secretary of the second	-	RATE	FEE	1	RATE	FEE	
FC			NUMBER F	FILED	NUMB	BER EXTRA	B/	ASIC FEE	355.00	OR	BASIC FEE	710.00
TC	OTAL CHARGEA	BLE CLAIMS	// min	nus 20=	-	0		X\$ 9=		OR	X\$18=	
-	DEPENDENT CL			minus 3 = *			L	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						Ţ.	+135=		OR	+270=		
* If	the difference	e in column 1 is	less than ze	ro, enter	"0" in c	olumn 2	7	TOTAL		OR	TOTAL	110
	С	LAIMS AS A	MENDED) - PAR	ΤII			•			OTHER	THAN
	Too and the second seco	(Column 1)		(Colun		(Column 3)	_ s	SMALL E	ENTITY	OR	SMALL	
ENT A	- 10 Hz	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	*** PENDENT	CL AIM	=		X40=		OR	X80=	
	FIRST TILOL	NIATION OF WA	JEHFUL DE	ENDEN	CLAIIVI		4	+135=		OR	+270=	a.
							AD:	TOTAL DIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)		D		• .	NOD 12.	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	>	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							105			070	
							L	-135= TOTAL		OR	+270=	
							ADD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						;
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	F		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**		=	×	(\$ 9 =		OR	X\$18=	
AME	Independent		Minus	***	31.4114	=	×	(40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENI	CLAIM		-			⁰		
• 1	f the entry in colur	+	135=		OR	+270=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												